

# GIC Health Plan Rates – Monthly Rates as of July 1, 2009

**For THE TOWN OF MILLIS ENROLLEES**



Commonwealth of Massachusetts  
Group Insurance Commission

**Active Employees, Retirees, and Survivors *WITHOUT* MEDICARE**

*Includes 0.33% Administrative Fee*



HEALTH PLAN	RETIRED TEACHERS with GIC Coverage Prior to July 1, 2008			EMPLOYEE and Non-Medicare Retiree/Survivor		
	Pays Monthly %	Pays Monthly \$	Pays Monthly \$	Pays Monthly %	Pays Monthly \$	Pays Monthly \$
		Individual Coverage	Family Coverage		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	10%	\$ 40.57	\$ 97.38	30%	\$121.72	\$292.13
Fallon Community Health Plan Select Care	10%	\$ 49.20	\$118.08	30%	\$147.60	\$354.22
Harvard Pilgrim Independence Plan	10%	\$ 52.63	\$127.37	30%	\$157.89	\$382.12
Health New England	10%	\$ 43.11	\$106.86	30%	\$129.33	\$320.58
Navigator by Tufts Health Plan	10%	\$ 51.91	\$125.07	30%	\$155.73	\$375.21
NHP Care ( <i>Neighborhood Health Plan</i> )	10%	\$ 41.68	\$110.46	30%	\$125.05	\$331.38
UniCare State Indemnity Plan/Basic <i>with</i> CIC ( <i>Comprehensive</i> )	10%	\$112.28	\$261.60	50%	\$419.30	\$978.32
UniCare State Indemnity Plan/Basic <i>without</i> CIC ( <i>Non-Comprehensive</i> )	10%	\$ 73.20	\$170.94	50%	\$366.02	\$854.69
UniCare State Indemnity Plan/Community Choice	10%	\$ 41.13	\$ 98.71	30%	\$123.39	\$296.12
UniCare State Indemnity Plan/PLUS	10%	\$ 53.24	\$127.07	30%	\$159.73	\$381.20

**Retirees and Survivors *WITH* MEDICARE**

HEALTH PLAN	RETIRED TEACHERS with GIC Coverage Prior to July 1, 2008		RETIREE AND SURVIVOR	
	Pays Monthly Per Person		Pays Monthly Per Person	
	%	\$	%	\$
Fallon Senior Plan*	10%	\$ 20.02	30%	\$ 60.05
Harvard Pilgrim Medicare Enhance	10%	\$ 35.00	50%	\$174.99
Health New England MedPlus	10%	\$ 36.34	30%	\$109.00
Tufts Health Plan Medicare Complement	10%	\$ 32.16	30%	\$ 96.49
Tufts Health Plan Medicare Preferred*	10%	\$ 17.81	30%	\$ 53.43
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with</i> CIC ( <i>Comprehensive</i> )	10%	\$ 45.90	50%	\$187.10
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without</i> CIC ( <i>Non-Comprehensive</i> )	10%	\$ 34.24	50%	\$171.18

\* Rates are subject to federal approval and may change January 1, 2010.

**Rates are Calculated by the Town of Millis Benefits Office.**

**Rate questions? Call: 1.508.376.7040**